

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.	70200	7-20-00
O.I.P.E. CLASSIFIER		48	7/23/00
FORMALITY REVIEW	M.H.	625	09-27-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	0
6	0
7	0
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	0
19	0
20	0
21	✓
22	✓
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26	✓
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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